2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N93000000797

Entity Name: BROWARD COUNTY CHAPTER OF THE NATIONAL ORGANIZATION FOR WOMEN, INC.

Current Principal Place of Business:

2215 CYPRESS ISLAND DRIVE
#603
POMPANO BEACH, FL 33069

New Principal Place of Business:

2215 CYPRESS ISLAND DRIVE
#603
POMPANO BEACH, FL 33069 UN

Current Mailing Address:

POST OFFICE BOX 23640
OAKLAND PARK, FL 33307

New Mailing Address:

FEI Number: 65-0452690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STERNER, JOANNE
2215 CYPRESS ISLAND DRIVE
#603
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: STERNER, JOANNE
Address: 2215 CYPRESS ISLAND DRIVE, #603
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP
Name: POLLOCK, CLARICE B
Address: 1965 S OCEAN DRIVE, #17S
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: TREA
Name: LESEN, EDWARD J
Address: 1965 S OCEAN DRIVE, #17S
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SECY
Name: DAVIDSON, MARGARET S
Address: 750 PINE DRIVE, APT 11
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD J LESEN TREA 01/05/2012

Electronic Signature of Signing Officer or Director Date